

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 04 2011

Secretary of State
Capitol Office

DATE STAMP

Name of Candidate C. SCOTT BOUNDS / The Committee to ReelectAddress P.O. Box 512, Philadelphia, MS 39350Telephone 601-656-1765 Fax -Contact Name C. SCOTT BOUNDS Email csbounds@bellsouth.netOffice Sought State Rep. #44 Political Party REPUBLICAN
☐ Check here if above is different from previous report
TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 4,450 + \$ 10,885	\$ 15,335	\$ 15,335.00
Total amount of disbursements	\$ 2,783 + \$ 2,242.34	\$ 5,025.34	\$ 5,025.34
Total amount of cash on hand		\$ 44,573.97	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

C. Scott Bounds
Signature of Candidate

1-3-2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

The Comm. to
Re-elect C. Scott Bonds

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Reporting period

through

ITEMIZED DISBURSEMENTS

A. Full name <u>United States Postal Service</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u></u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Philadelphia, MS 39350</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional) <u>Postage Expense</u>	Aggregate Year-to-date	\$ <u>1,687⁰⁰</u>
B. Full name <u>Phila Printing & Office Supply</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>409 Center Ave</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Phila., MS 39350</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional) <u>Printing Expense</u>	Aggregate Year-to-date	\$ <u>555.21</u>
C. Full name <u>GOLF CLASSICS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO 850</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Memphisville, TN 3711</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional) <u>Signage Adv.</u>	Aggregate Year-to-date	\$ <u>300⁰⁰</u>
D. Full name <u>GLWENNIES</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>3120 Graham Road</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Mobile, AL 36618</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional) <u>CAMPAIGN SIGNS</u>	Aggregate Year-to-date	\$ <u>241³⁷</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>

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Name of Candidate or Committee The Comm. to Re-elect C. Scott Bounds

Reporting period 1-1-2010 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T PAC</u>	<u>9/1/10</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capitol Str, Ste 702</u>	___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39201-2135</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) <u>Telecommunications</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Eli Lilly & Co.</u>	<u>9/1/10</u>	\$ <u>250.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Indianapolis, IN 46285</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Georgia Pacific</u>	<u>12/29/10</u>	\$ <u>250.00</u>
Mailing Address <u>PO 61270</u>	___/___/___	\$
City, State, Zip Code <u>Phoenix, AZ 85082-1270</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Barbara N. Kennedy</u>	<u>10/5/10</u>	\$ <u>250.00</u>
Mailing Address <u>2010 Waltham Dr. NW</u>	___/___/___	\$
City, State, Zip Code <u>Atlanta, GA 30318-2651</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) <u>SELF</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee The Comm. to Re-elect C. Scott Beards Page 2 of 4
 Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>ASSN.</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms. Road Builders Assn.</u>		<u>10/5/10</u>	\$ <u>250.00</u>
Mailing Address <u>601 George Str.</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Jxn, MS 39202</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required) <u>Trade Association</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENPAC - Entergy</u>		<u>10/5/10</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 1640</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Jackson, MS 39215-1640</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required) <u>Electrical Prod. & Transmission</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>10/5/10</u>	\$ <u>250.00</u>
Mailing Address <u>135 N. Church Str.</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Spartanburg, SC 29306</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required) <u>Financial Services</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Terry Winstead</u>		<u>10/5/10</u>	\$ <u>400.00</u>
Mailing Address <u>1058 Holland Ave</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Philadelphia, MS 39350</u>		<u>1/1/10</u>	\$
Name of Employer (Required) <u>SELF</u>		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400.00</u>

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Name of Candidate or Committee The Comm. to Re-elect C. Scott Burkes
 Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baron C. Burkes</u>	<u>10/5/10</u>	\$ <u>300.00</u>
Mailing Address _____	<u>1/1/</u>	\$
City, State, Zip Code <u>Philadelphia, MS 39350</u>	<u>1/1/</u>	\$
Name of Employer (Required) _____	<u>1/1/</u>	\$
Occupation (Required) <u>MS ANG</u>	Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Grantham Bros. Logging</u>	<u>10/5/10</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 1094</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Phila, MS 39350</u>	<u>1/1/</u>	\$
Name of Employer (Required) _____	<u>1/1/</u>	\$
Occupation (Required) <u>Timber/Forest Products</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Rex & Jo Ann Rousanville</u>	<u>10/5/10</u>	\$ <u>500.00</u>
Mailing Address <u>419 Pecan Ave</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Phila, MS 39350</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>SELF</u>	<u>1/1/</u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>ASSN</u>		
Full name <u>MS Ind. Pharmacies Assn.</u>	<u>10/5/10</u>	\$ <u>250.00</u>
Mailing Address <u>4209 Lakeland Dr., Suite 339</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Flores, MS 39232</u>	<u>1/1/</u>	\$
Name of Employer (Required) _____	<u>1/1/</u>	\$
Occupation (Required) <u>Trade Association</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee The Comm. to Re-elect C. Scott Bounds Page 4 of 4
 Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Mann; Betsy</u>	<u>10/5/10</u>	\$ <u>500.00</u>
Mailing Address <u>10320 Bounds Ave</u>	<u> / / </u>	\$
City, State, Zip Code <u>Phila, MS 39350</u>	<u> / / </u>	\$
Name of Employer (Required) <u>SELF; Education</u>	<u> / / </u>	\$
Occupation (Required) <u>MD; Education</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$